

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	2876
Suggested Classification::	235/379
Title::	CASH DISPENSING AUTOMATED BANKING MACHINE DEPOSIT ACCEPTING SYSTEM AND METHOD
Attorney Docket Number::	D-1218 R7
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	70
Total Drawing Sheets::	68
Small Entity::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Sean  
Middle Name::  
Family Name:: Haney  
Name Suffix::  
City of Residence:: North Canton  
State or Province Of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 5426 Chianti Street NW  
City of mailing address:: North Canton  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44720

**Applicant Information**

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jeffery  
Middle Name:: M.  
Family Name:: Enright  
Name Suffix::  
City of Residence:: Akron  
State or Province Of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 4496 Rex Lake Drive  
City of mailing address:: Akron  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44319

**Applicant Information**

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jeffrey  
Middle Name::  
Family Name:: Eastman  
Name Suffix::  
City of Residence:: North Canton  
State or Province Of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 2152 Mohler Drive NW  
City of mailing address:: North Canton  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44720

**Applicant Information**

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Franklin  
Middle Name:: M.  
Family Name:: Theriault  
Name Suffix::  
City of Residence:: Canton  
State or Province Of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 4503 Northview Avenue NW  
City of mailing address:: Canton  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44709

**Applicant Information**

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: R.  
Middle Name:: Matthew  
Family Name:: Dunlap  
Name Suffix::  
City of Residence:: North Canton  
State or Province Of Residence:: OH  
Country of Residence:: US  
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City of mailing address:: North Canton  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44720

**Applicant Information**

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: William  
Middle Name:: D.  
Family Name:: Beskitt  
Name Suffix::  
City of Residence:: Canton  
State or Province Of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 4817 Meadowlane Drive  
City of mailing address:: Canton  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44709

**Applicant Information**

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Colin  
Middle Name::  
Family Name:: Fitzpatrick  
Name Suffix::  
City of Residence:: Smithville  
State or Province Of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 389 N. Summit St.  
City of mailing address:: Smithville  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44677



**Applicant Information**

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Edward  
Middle Name:: L.  
Family Name:: Laskowski  
Name Suffix::  
City of Residence:: Seven Hills  
State or Province Of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 6154 Winchester Drive  
City of mailing address:: Seven Hills  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44131

**Applicant Information**

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mike  
Middle Name::  
Family Name:: Ryan  
Name Suffix::  
City of Residence:: Canton  
State or Province Of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 1403 44<sup>th</sup> Street NE  
City of mailing address:: Canton  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44714

**Applicant Information**

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Bill  
Middle Name::  
Family Name:: Lavelle  
Name Suffix::  
City of Residence:: Massillon  
State or Province Of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 3255 Broadhaven Avenue NW  
City of mailing address:: Massillon  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44646

**Applicant Information**

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name::  
Family Name:: Schultz  
Name Suffix::  
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State or Province Of Residence:: OH  
Country of Residence:: US  
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City of mailing address:: Massillon  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44646

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Matthew  
Middle Name::  
Family Name:: Force  
Name Suffix::  
City of Residence:: Uniontown  
State or Prov. Of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 2624 Country Squire  
City of mailing address:: Uniontown  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44685

**Correspondence Information**

Correspondence Customer Number:: 28995

**Representative Information**

Representative Customer Number::	28995
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/453,397	03/10/2003

**Assignee Information**

Assignee Name:: Diebold Self-Service Systems  
Division of Diebold, Incorporated

City of mailing address:: North Canton

State or Province of mailing address:: OH